FEE TRANSMITTAL

This sheet accompanies a patent application transmittal for the following application:

Inventor(s): Ganesan et al. Filing Date: December 11, 1998

Title: Technique For Conducting Secure Transactions Over A Network

The filing fee is calculated as shown below:

1. FILING FEE:	FILING FEES		SEARCH FEES		EXAMINATION FEES			
APPLICATION	FEE	SMALL ENTITY	FEE	SMALL ENTITY	FEE	SMALL ENTITY	FEE(S) PAID	
TYPE		FEE		FEE		FEE		
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0	\$	

2. CLAIMS:

				ENTITY	LARGE ENTITY		
FOR:	NO. FILED	NO. EXTRA	RATE	FEE	RATE	FEE	
TOTAL CLAIMS	27 - 20 or HP*=	7	x 25 =		x 50 =	• •	
INDEP. CLAIMS	2 - 3 or HP*=	0	x 100 =		x 200 =		
☐ MULTIPLE DEPENDENT CLAIM PRESENTED			+180 =		+360 =		
*HP = Highest number paid for FEI			E(S) PAID:	\$		\$	

3. APPLICATION SIZE FEE: If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(g) and 37 CFR 1.16(s). SMALL ENTITY LARGE ENTITY

				SMALLE	SMALE ENTILI		LANGE ENTILL	
TOTAL		EXTRA	NUMBER OF EACH	RATE	FEE	RATE	FEE	
SHEETS	İ	SHEETS	ADDITIONAL 50 SHEETS				***************************************	
			OR FRACTION THEREOF				***************************************	
		-	(round up to a whole number)					
	- 100 =			x 125 =		x 250 =		
		**************************************		FEE(S) PAID:	\$		S	

ADDITIONAL FEES:

	SMALL	ENTITY	LARG	E ENTITY
FOR:	FEE	FEE PAID	FEE	FEE PAID
☐ LATE FILING, FEE OR OATH	\$65		\$130	
☐ NON-ENGLISH SPECIFICATION	\$130		\$130	
OTHER: Request for Continued Examination (RCE)			\$790	\$790
	FEE(S) PAID:	S		\$790

TOTAL FILING FEES: \$1350

A check is enclosed for the total amount: \$

The Director is hereby authorized to charge any additional fee(s) or underpayment of fee(s) required under 37 C.F.R. 1.16 or 1.17 and credit any overpayments to Deposit Account 19-5029.

☐ The Director is hereby authorized to charge the fee(s) indicated above to Deposit Account 19-5029.

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